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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number
120081.403

In re Application of William Butler Cowden et al.

Application Number 09/142,597

Filed March 5, 1999

For USE OF COXIELLA BACTERIA TO TREAT AUTOIMMUNE DISEASE

Group Art Unit
1645

Examiner
S. Devi, Ph.D

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
- ☐ Two months (37 CFR 1.17(a)(2)) \$ _____
- ☒ Three months (37 CFR 1.17(a)(3)) \$ 890
- ☐ Four months (37 CFR 1.17(a)(4)) \$ _____
- ☐ Five months (37 CFR 1.17(a)(5)) \$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 445.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account Number 19-1090.

☒ The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number 19-1090.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

September 21, 2001

Date

Signature

William T. Christiansen, Ph.D.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest and their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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